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Response Under 37 CFR § 1.116
Expedited Procedure - Group 1634

03500.015961.1

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
TADASHI OKAMOTO, et al. Application No.: 10/634,510	;	Examiner: Betty J. Forman Group Art Unit: 1634
Filed: August 4, 2003	; ;	
For: TERMINAL LABELED PROBE ARRAY AND METHOD OF MAKING IT) :)	December 21, 2006
Mail Stop AF Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450		

AMENDMENT AFTER FINAL REJECTION

Sir:

In response to the Office Action dated September 21, 2006, please amend the above-identified application, as follows:

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Date

Signature

<u>Damond E. Vadnais, Reg. No. 52,310</u>
Name of person signing certificate

FITZPATRICK, CELLA, HARPER & SCINTO

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FACSIMILE COVER SHEET

то:	Examiner Betty J. Forman U. S. Patent & Trademark Office Group Art Unit 1634				
FROM:	Damond E. Vadnais, Reg. No. 52,310				
RE:	U.S. Application No. 10/6 Atty. Docket No.: 03500.0	34,510 015961.1			
FAX NO.:	(571) 273-8300				
DATE:	December 21, 2006	NO. OF PAGES: (including cover page)	9		
TIME:	5:59 P.M.	SENT BY:	<i>LS</i>		

MESSAGE

Attachments:

1) Amendment After Final Rejection Transmittal

2) Amendment After Final Rejection

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Response Under 37 CFR § 1.116 Expedited Procedure - Group 1634

In re Application of:

Docket No. 03500.015961.1

TADASHI OKAMOTO, et al.

Application No.: 10/634,510

Examiner: Betty J. Forman

Filed: August 4, 2003

Group Art Unit: 1634

For: TERMINAL LABELED PROBE ARRAY

AND METHOD OF MAKING IT

Date: December 21, 2006

Mail Stop AF THE COMMISSIONER FOR PATENTS P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment After Final Rejection in the above-identified application.

X No additional fee is required.

The fee has been calculated as shown below

		С	LAIMS AS AMEN	NDED		
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 2	MINUS	** 20	= 0	x \$25 \$50	\$0
INDEP. CLAIMS	* 2	MINUS	***	- 0	x \$100 \$200	\$0
Fee for Multiple Dependent claims \$180°/\$360					\$0	
			TOTAL ADDITI			\$ 0

^{*} If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

^{**} If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

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	Verified Statement claiming small entity status is enclosed, if not filed previously.
	A check in the amount of \$ is enclosed.
	Charge \$ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed
X	Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06 1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205.
	A check in the amount of S to cover the fee for a month extension is enclosed.
	A check in the amount of \$ to cover the Information Disclosure Statement fee is enclosed.
X	Applicants' undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.
	Respectfully submitted,
	Damond E. Vadriais Attorney for Applicants Registration No.: 52,310

FITZPATRICK, CELLA, HARPER & SCINTO 30 Rockefeller Plaza
New York, New York 10112-3800
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